

## HAZARDOUS WASTE MANIFEST

## THIS MEMORANDUM

MANIFEST DOCUMENT NUMBER

005

is an acknowledgment that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

TO:	FROM:
T/S/D FACILITY <b>ARRCOM OIL</b>	Generator <b>ARCO ALUMINUM COMPANY</b>
E.P.A. ID Code No. <b>00-080-0961</b>	E.P.A. ID Code No. <b>MT D057561763</b>
Address <b>RURAL RT. #3, BOX 258 A6</b>	Address <b>P. O. BOX 10, COLUMBIA FALLS, MT. 59912</b>
Destination <b>RATHDRUM, IDAHO 83858</b>	Origin
Phone <b>208-687-0857</b>	Phone <b>406-892-3261</b>

No Shipping Units	DOT PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. ID No.	EPA Haz. Waste No.	WEIGHT	LABELS REQUIRED for Exemption No.
1300	Waste Gasoline - Solvent Mixture	Flammable	NA1993	F001 F005	9,240	Flammable
			UN1203	D001		

"Transporter agrees to abide by all standards applicable to transportation of hazardous waste, including all applicable federal regulations and all similar state regulations promulgated by the state of destination of this shipment and the states through which this shipment may pass. Waste shall not remain at a transfer facility for more than 10 days without prior authorization.

## PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____	Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without receipt on the consignee, the consignor shall sign the following statement: The carrier shall not deliver or take delivery of this shipment without payment of freight and all other lawful charges.  (Signature of Consignor)	FREIGHT CHARGES PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/>
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RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above is apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)		EMERGENCY RESPONSE INFORMATION	
T/S/D FACILITY <b>ARRCOM OIL</b>	CONTACT Name <b>Tom Drexler</b>		
E.P.A. ID Code No. <b>00-080-0961</b>	Phone <b>208-687-0857</b>		
Address <b>Rural Rt. #3, Box 258 A6</b>	National Response Center <b>1-800-424-8802</b>		
Destination <b>Rathdrum Idaho 83858</b>	in D. C. <b>426-2675</b>		

## CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature *Harry F. Linton* Date 11/8/82

TRANSPORTER #1 **ARRCOM OIL** E.P.A. ID No. **00-080-0961**  
Address **P.R. #3, Box 258 A6**  
City **Rathdrum** State **Idaho** Zip **83858** Phone **208-687-0857**

Transporter No. 1 Signature \_\_\_\_\_ Date 11/8/82

TRANSPORTER #2 \_\_\_\_\_ E.P.A. ID No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Transporter No. 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

## TREATMENT/STORAGE/DISPOSAL FACILITY

T/S/D FACILITY \_\_\_\_\_ This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

GENERATOR'S COPY

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